

CY 2018 PBP Data Entry System Screens

OOB – General – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OOB - General - Base 1

Previous **Next** **Exit (Validate)** **Exit (No Validate)**

Do you offer an Out-of-Network (OON) Benefit?

Yes
 No

The Maximum Plan Benefit Coverage amount for Out-of-Network Non-Medicare-covered benefits should be entered in Section D.

The Total Enrollee Out-of-Pocket Cost Limit for Out-of-Network benefits should be entered in Section D.

The Deductible for Out-of-Network benefits should be entered in Section D.

NOTE: All Out-of-Network Optional Supplemental Benefits should be entered in the Section D - Optional Supplemental Package description screens.

CY 2018 PBP Data Entry System Screens

OON – General – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - General - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select the benefits that apply to the OON Benefits:

Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories to which the Out-of-Network benefit applies:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies

Select all of the Non-Medicare-covered Service Categories to which the Out-of-Network benefit applies:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 15: Medicare Part B Rx Drugs
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams
- 18b: Hearing Aids

CY 2018 PBP Data Entry System Screens

OON – General – Notes

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - General - Notes

Previous Next Exit (Validate) Exit (No Validate)

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area with scroll bar]

CY 2018 PBP Data Entry System Screens

OON – Inpatient – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Inpatient - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance for OON Inpatient Hospital Services?
 Yes
 No

Indicate the coinsurance percentage and day interval(s) for OON Inpatient Hospital-Acute stay (enter '999' if unlimited days are offered, e.g., 1 to 999):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Select the type of OON Inpatient Hospital Services Benefit with Coinsurance:
 (1a) Inpatient Hospital-Acute
 (1b) Inpatient Psychiatric Hospital

Do you charge the Medicare-defined cost shares for Inpatient Hospital-Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for OON Inpatient Hospital-Acute stay:

Indicate the number of day intervals for the OON Inpatient Hospital-Acute stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

CY 2018 PBP Data Entry System Screens

OON – Inpatient – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Inpatient - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate the coinsurance percentage and day interval(s) for OON Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Indicate Coinsurance percentage for OON Inpatient Psychiatric Hospital stay:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2018 PBP Data Entry System Screens

OON – Inpatient – Base 3

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Inpatient - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment for OON Inpatient Hospital Services?
 Yes
 No

Indicate Copayment amount per stay for OON Inpatient Hospital-Acute stay:

Select the type of OON Inpatient Hospital Services Benefit with Copayment:
 (1a) Inpatient Hospital-Acute
 (1b) Inpatient Psychiatric Hospital

Indicate the number of day intervals for the OON Inpatient Hospital-Acute stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Do you charge the Medicare-defined cost shares for Inpatient Hospital-Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate the copayment amount and day interval(s) for OON Inpatient Hospital-Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

OON – Inpatient – Base 4

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Inpatient - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount per stay for OON Inpatient Psychiatric Hospital:

Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for OON Inpatient Psychiatric Hospital stay (enter 999 if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there an OON Deductible for Inpatient Hospital Services?

Yes
 No

Select the type of OON Inpatient Hospital Services benefit with a Deductible:

Inpatient Hospital-Acute
 Inpatient Psychiatric Hospital
 Combined for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital

Enter Deductible amount for Inpatient Hospital-Acute:

Enter Deductible amount for Inpatient Psychiatric Hospital:

Enter Deductible amount for combined Inpatient Hospital-Acute and Inpatient Psychiatric Hospital:

CY 2018 PBP Data Entry System Screens

OON – SNF – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - SNF - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance for OON SNF Services?
 Yes
 No

Indicate the coinsurance percentage and day interval(s) for OON SNF stay (enter '999' if unlimited days are offered, e.g., 1 to 999).

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Indicate Coinsurance percentage for OON SNF stay:

Indicate the number of day intervals for the OON SNF stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

CY 2018 PBP Data Entry System Screens

OON – SNF – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment for OON SNF Services?
 Yes
 No

Indicate the copayment amount and day interval(s) for OON SNF stay (enter '999' if unlimited days are offered, e.g., 1 to 999):

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate Copayment amount per stay for OON SNF stay:

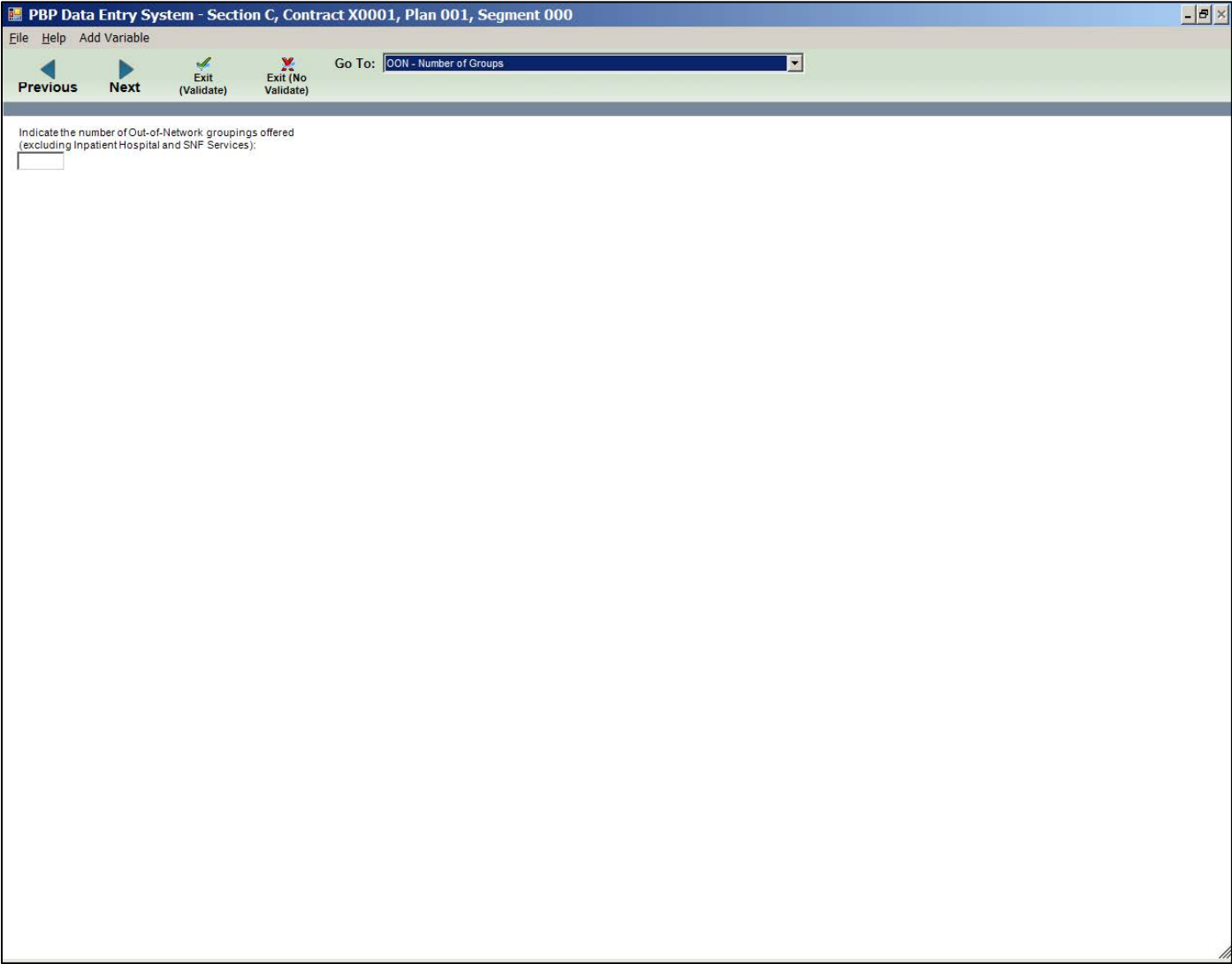
Indicate the number of day intervals for the OON SNF stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Is there an OON Deductible for SNF Services?
 Yes
 No

Enter Deductible amount for SNF:

CY 2018 PBP Data Entry System Screens

OON – Number of Groups



CY 2018 PBP Data Entry System Screens

OON – Groups – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Groups - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Enter Label for this Group (Optional):

Select the benefits that apply to the OON Groups:

Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select the Medicare-covered service categories included in the OON option for this Group:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services

Select the Non-Medicare-covered service categories included in the OON option for this Group:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 15: Medicare Part B Rx Drugs
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams
- 18b: Hearing Aids

Is there a maximum plan benefit coverage amount for this group?

Yes
 No

Indicate maximum plan benefit coverage amount:

CY 2018 PBP Data Entry System Screens

OON – Groups – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: OON - Groups - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an OON Coinsurance for this Group?

Yes
 No

Enter Minimum Coinsurance Percentage for this Group:

Enter Maximum Coinsurance Percentage for this Group:

Is there an OON Copayment for this Group?

Yes
 No

Enter Minimum Copayment Amount for this Group:

Enter Maximum Copayment Amount for this Group:

Is there an OON Deductible for this group?

Yes
 No

Enter Deductible Amount for this group:

CY 2018 PBP Data Entry System Screens

POS – General – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Do you offer a Point-of-Service (POS) option?
 Yes
 No

Select type of benefit for the POS option:
 Mandatory
 Optional

Select the benefits that apply to the POS Benefit:
 Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories that describe the POS option:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services

Select all of the Non-Medicare-covered Service Categories that describe the POS option:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 6: Home Health Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7f: Podiatry Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 13h: Additional Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4

CY 2018 PBP Data Entry System Screens

POS – General – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there a Maximum Plan Benefit Coverage amount for POS?

Yes
 No

Select the benefits that apply to the Maximum Plan Benefit Coverage Amount:

Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories that apply to the POS Maximum Plan Benefit Coverage:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7i: Psychiatric Services
- 7j: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests

Select all of the Non-Medicare-covered Service Categories that apply to the POS Maximum Plan Benefit Coverage:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 6: Home Health Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7f: Podiatry Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2018 PBP Data Entry System Screens

POS – General – Base 3

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a POS Maximum Enrollee Out-of-Pocket Cost amount?

Yes
 No

Indicate POS Maximum Enrollee Out-of-Pocket Cost:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a POS Deductible?

Yes
 No

Enter Deductible Amount:

CY 2018 PBP Data Entry System Screens

POS – General – Base 4

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is Authorization required for POS?

Yes
 No

Select the benefits that apply to the Authorization for POS:

Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories that require prior Authorization for POS:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a: Diagnostic Procedures/Tests/Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services

Select all of the Non-Medicare-covered Service Categories that require prior Authorization for POS:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 6: Home Health Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7f: Podiatry Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 13h: Additional Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 15: Medicare Part B Rx Drugs

CY 2018 PBP Data Entry System Screens

POS – General – Base 5

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is a referral required for POS?

Yes
 No

Select the benefits that apply to the POS Referral:

Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories that apply to the POS Referral:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a: Diagnostic Procedures/Tests/Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services

Select all of the Non-Medicare-covered Service Categories that apply to the POS Referral:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 6: Home Health Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7f: Podiatry Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 13h: Additional Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 15: Medicare Part B Rx Drugs

CY 2018 PBP Data Entry System Screens

POS – General – Base 6

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - General - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes No

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2018 PBP Data Entry System Screens

POS – Inpatient – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Inpatient - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Is there a POS Maximum Plan Benefit Coverage for Inpatient Hospital Services?

Yes
 No

Select the type of POS Inpatient Hospital Services benefit with a Maximum Plan Benefit Coverage:

Inpatient Hospital-Acute
 Inpatient Psychiatric Hospital
 Combined for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital

Select the Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Enter Maximum Plan Benefit Coverage amount for Inpatient Hospital-Acute:

Enter Maximum Plan Benefit Coverage amount for Inpatient Psychiatric Hospital:

Enter Maximum Plan Benefit Coverage amount for combined Inpatient Hospital-Acute and Inpatient Psychiatric Hospital:

CY 2018 PBP Data Entry System Screens

POS – Inpatient – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Inpatient - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance for POS Inpatient Hospital Service?
 Yes
 No

Select the type of POS Inpatient Hospital Services Benefit with Coinsurance:
 (1a) Inpatient Hospital-Acute
 (1b) Inpatient Psychiatric Hospital

Do you charge the Medicare-defined cost shares for Inpatient Hospital-Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for POS Inpatient Hospital-Acute stay:

Indicate the number of day intervals for the POS Inpatient Hospital-Acute stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for POS Inpatient Hospital-Acute stay (enter '999' if unlimited days are offered, e.g., 1 to 999):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

POS – Inpatient – Base 3

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Inpatient - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate the coinsurance percentage and day interval(s) for POS Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999)

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Indicate Coinsurance percentage for POS Inpatient Psychiatric Hospital stay:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Indicate the number of day intervals for the POS Inpatient Psychiatric Hospital stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2018 PBP Data Entry System Screens

POS – Inpatient – Base 4

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Inpatient - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment for POS Inpatient Hospital Services?
 Yes
 No

Indicate Copayment amount per stay for POS Inpatient Hospital-Acute stay:

Select the type of POS Inpatient Hospital Services Benefit with Copayment:
 (1a) Inpatient Hospital-Acute
 (1b) Inpatient Psychiatric Hospital

Indicate the number of day intervals for the POS Inpatient Hospital-Acute stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Do you charge the Medicare-defined cost shares for Inpatient Hospital-Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate the copayment amount and day interval(s) for POS Inpatient Hospital-Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2018 PBP Data Entry System Screens

POS – Inpatient – Base 5

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Inpatient - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount per stay for POS Inpatient Psychiatric Hospital:

Indicate the number of day intervals for the POS Inpatient Psychiatric Hospital stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for POS Inpatient Psychiatric Hospital stay (enter 999 if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there a POS Deductible for Inpatient Hospital Services?

Yes
 No

Select the type of POS Inpatient Hospital Services benefit with a Deductible:

Inpatient Hospital-Acute
 Inpatient Psychiatric Hospital
 Combined for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital

Enter Deductible amount for Inpatient Hospital-Acute:

Enter Deductible amount for Inpatient Psychiatric Hospital:

Enter Deductible amount for combined Inpatient Hospital-Acute and Inpatient Psychiatric Hospital:

CY 2018 PBP Data Entry System Screens

POS – SNF – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - SNF - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance for POS SNF Services?
 Yes
 No

Indicate the coinsurance percentage and day interval(s) for POS SNF stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Indicate Coinsurance percentage for POS SNF stay:

Indicate the number of day intervals for the POS SNF stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

CY 2018 PBP Data Entry System Screens

POS – SNF – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment for POS SNF Services?
 Yes
 No

Do you charge the Medicare-defined cost shares?(These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Copayment amount per stay for POS SNF stay:
[]

Indicate the number of day intervals for the POS SNF stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for POS SNF stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

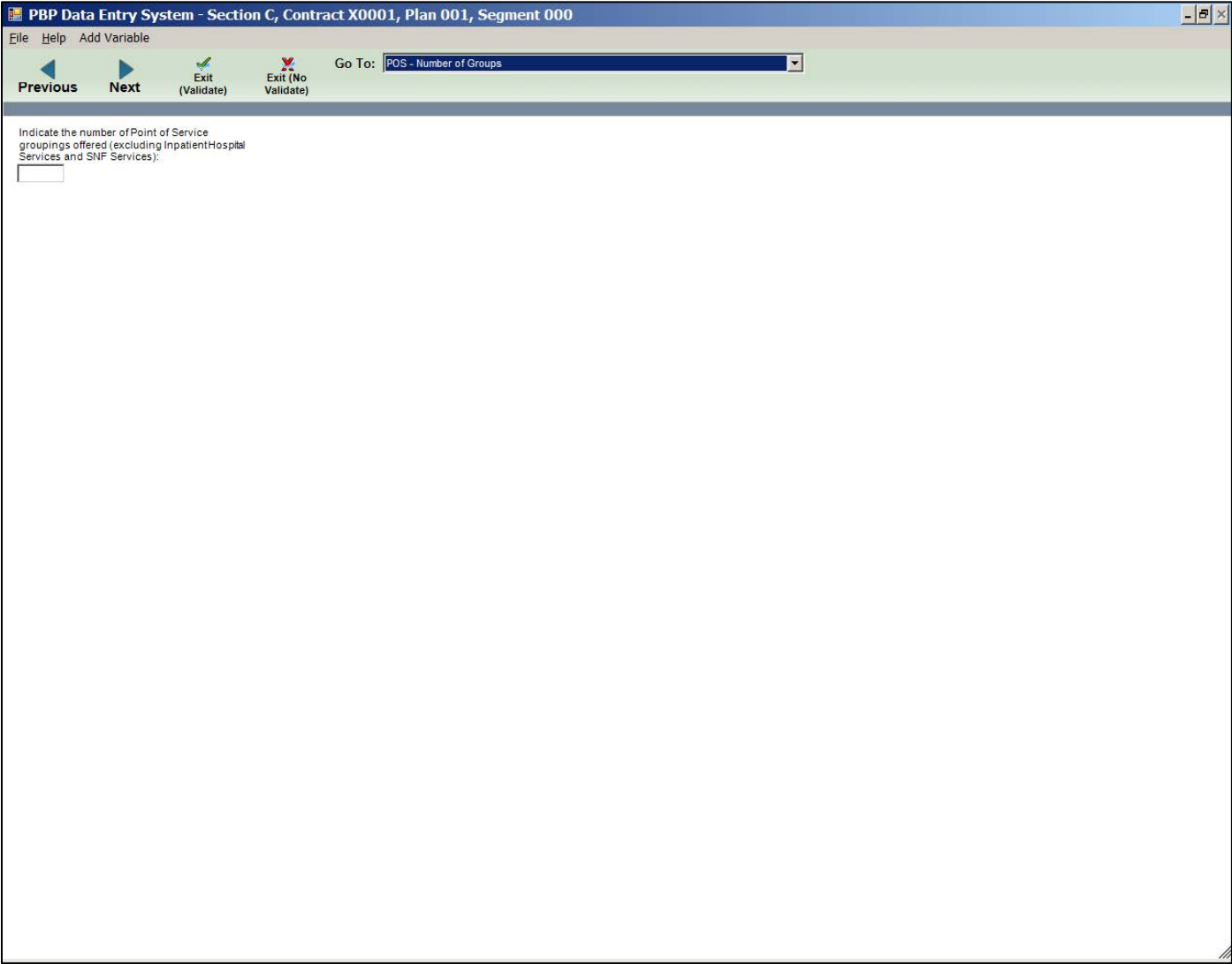
Copayment Amt Interval	Begin Day Interval	End Day Interval
[]	[]	[]
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

Is there a POS Deductible for SNF Services?
 Yes
 No

Enter Deductible amount for SNF:
[]

CY 2018 PBP Data Entry System Screens

POS – Number of Groups



CY 2018 PBP Data Entry System Screens

POS – Groups – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Groups - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Enter Label for this Group (Optional):

Select the benefits that apply to the POS Benefits for this Group:
 Medicare-covered
 Non-Medicare-covered

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories that apply to the POS:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services

Select all of the Non-Medicare-covered Service Categories that apply to the POS:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 6: Home Health Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7f: Podiatry Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 9d: Outpatient Blood Services

Is there a POS Coinsurance for this Group?
 Yes
 No

Enter Minimum Coinsurance Percentage for this Group:

Enter Maximum Coinsurance Percentage for this Group:

Is there a POS Copayment for this Group?
 Yes
 No

Enter Minimum Copayment Amount for this Group:

Enter Maximum Copayment Amount for this Group:

CY 2018 PBP Data Entry System Screens

POS – Groups – Base 2

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: POS - Groups - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there a POS Maximum Plan Benefit Coverage amount for this group?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a POS Deductible for this group?

Yes
 No

Indicate Deductible amount for POS services:

CY 2018 PBP Data Entry System Screens

V/T – General – US

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: V/T - General - US

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Do you offer a US Visitor/Travel Program?

Yes

No

Select type of benefit for the US Visitor/Travel program:

Mandatory

Optional

The V/T benefit must furnish all plan-covered services in its designated V/T service area(s), including all Medicare Parts A and B services and all mandatory and optional supplemental benefits, at in-network cost-sharing levels, consistent with Medicare access and availability requirements at 42 CFR §422.112

Select geographic area:

In the United States and its territories

Other - please define in the marketing materials (MAO must define the geographic areas within the United States and its territories where the V/T benefit is available).